



FSSA: A Report on Families

I am pleased to submit 'FSSA: A Report on Families' to the people of Indiana.

This annual report card profiles Indiana's families. Readers can judge for themselves the areas where Hoosier families are doing well and other areas where families face challenges. Each year the Family and Social Services Administration (FSSA) will follow up with an updated document allowing Hoosiers to evaluate the progress families have made.

In some areas, such as children's health insurance, child poverty, and home ownership, readers will note that Hoosiers are doing as well or better than our counterparts nationally. In other areas, Indiana still faces challenges, such as home- and community-based care, smoking, obesity, and family income.

Improving the lives of Hoosier families depends most of all on families themselves. That is why this report is so important - it gives us all information we need to take an active role in building the future we want. We at FSSA hope that this report is used by the public, non-profit organizations, businesses, and government to help address an issue that is essential to all of us - strengthening Indiana's families.

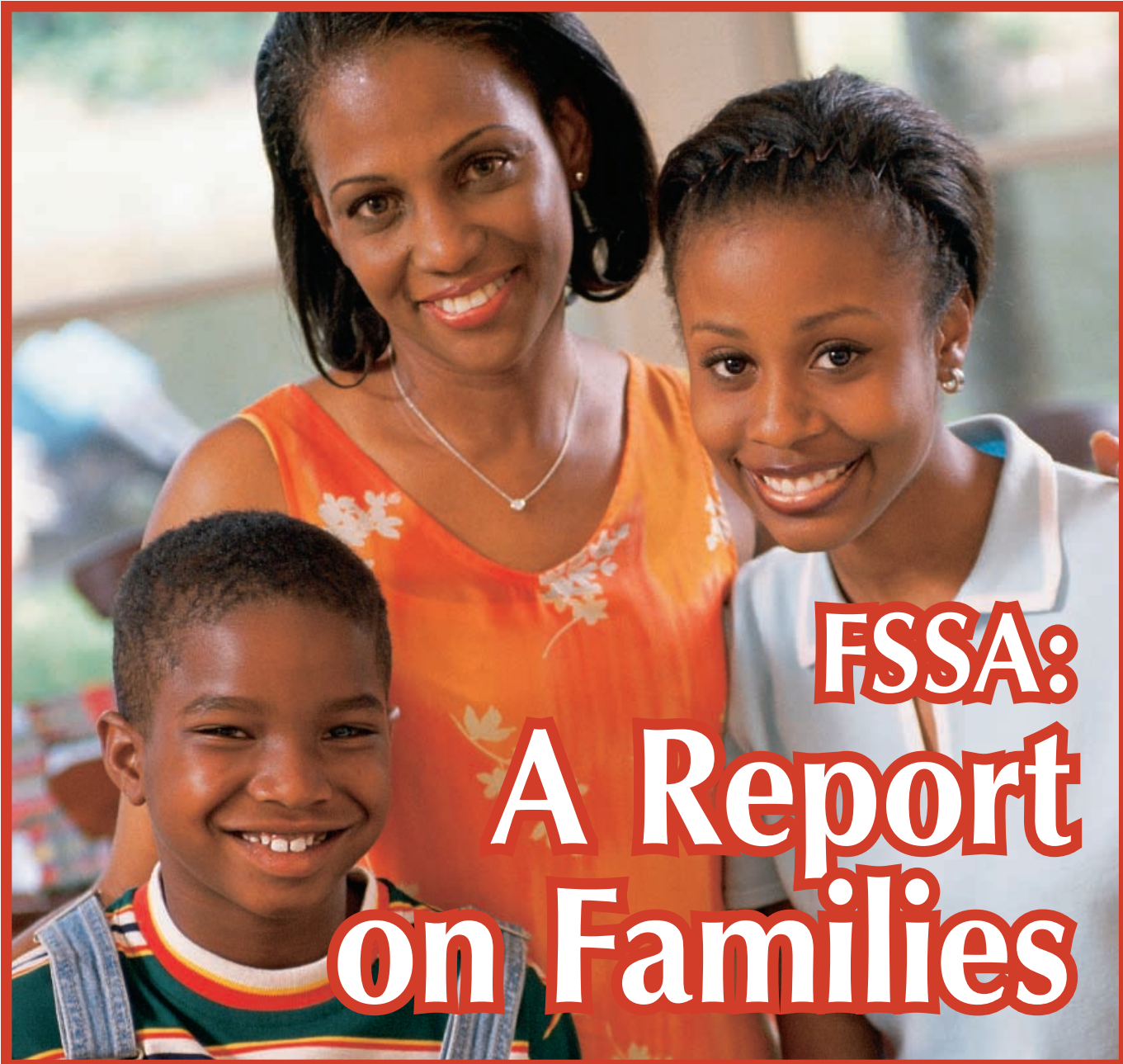
Please give us any suggestions you have about how this report can be more effective and helpful. Thank you.

Sincerely,

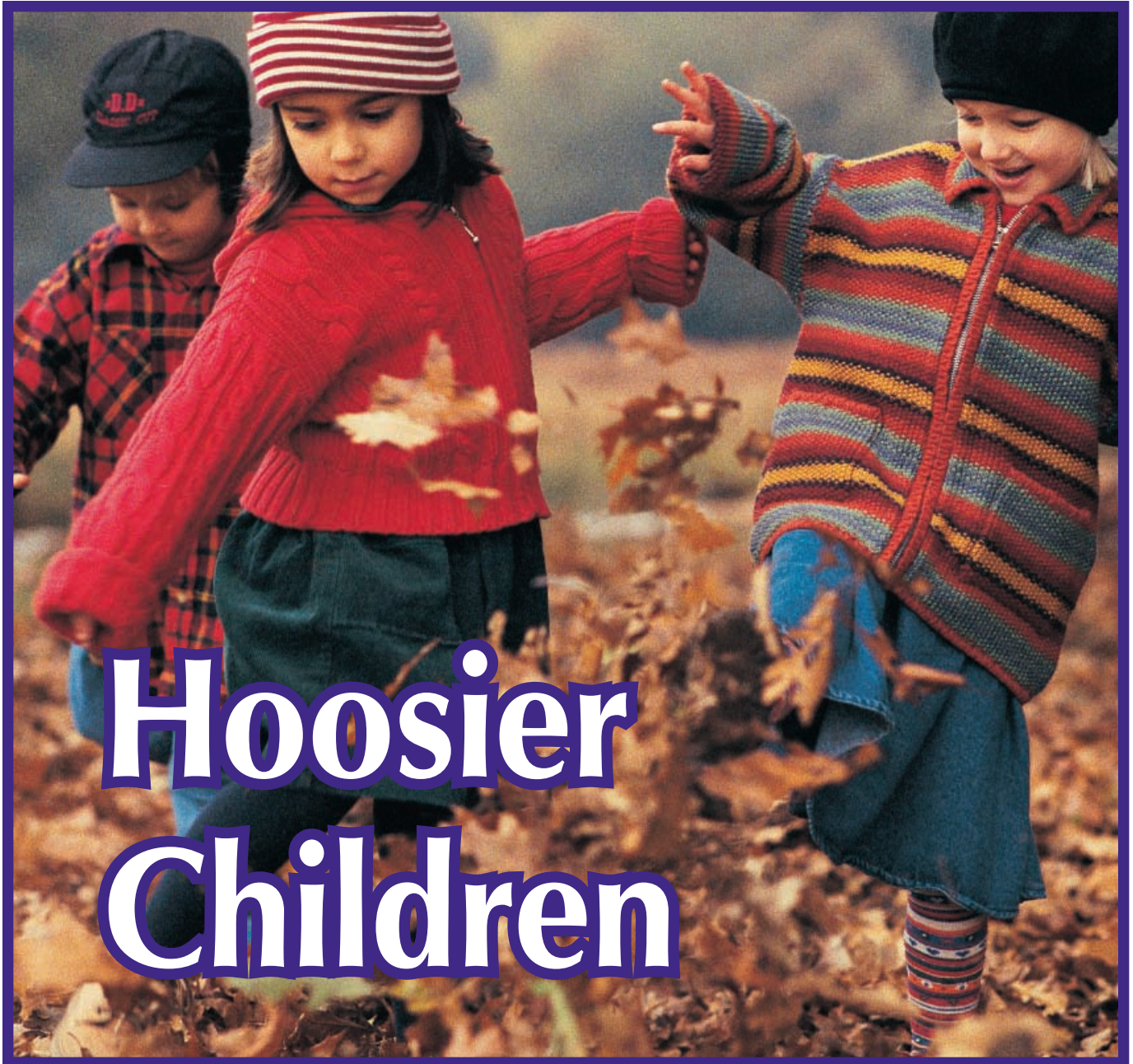
John Hamilton, Secretary
Indiana Family and Social Services Administration

Table of Contents

FSSA: A Report on Families	4
Hoosier Children	5
Home Life	6
Risky Behavior	10
Health	13
Hoosier Adults and Families	15
Building Successful Households	16
Risky Behavior	19
Hoosier Seniors	22
Building Successful Households	23
Hoosiers with Developmental Disabilities, Mental Illness and Addictions	26
Building Successful Households	27
Alcohol and Drug Addictions	33
References	34



The first Annual FSSA Report on Families is intended to serve as a ‘report card’ that Indiana citizens can use to measure the progress of our families. This document provides information that will help readers see the areas where Hoosier families are doing well and where they face challenges. It is our hope that this information will help Indiana’s families and their government share ideas and make progress.



Hoosier Children

Indiana's 1.6 million children represent 26% of our population. Their numbers grew about 8% in the last decade, much slower than the national growth rate of about 14%. However, Indiana's minority youth population followed national trends toward rapid growth, including a 108% increase in the number of Hispanic children in the last decade.¹

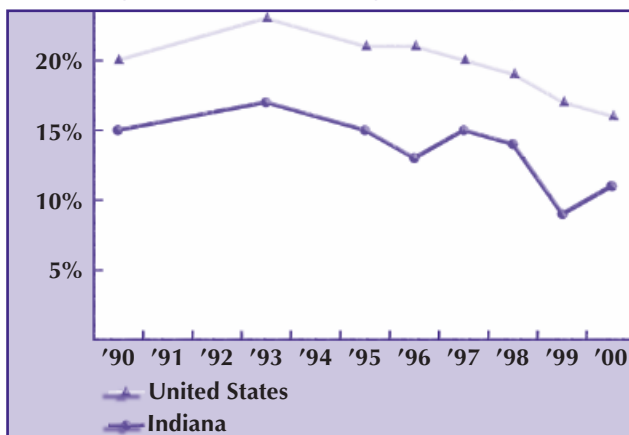
Home Life



Children in Poverty

Census data from the year 2000 estimates indicate that 11% of Hoosier children under age 18 live in poverty, compared with 16% nationally. The percentage of Indiana's children living below the poverty level has declined since the early 1990s and remains substantially better than the percentage for all U.S. children, a very positive trend for Indiana.

Percentage of Children Living in Poverty



High Risk Kids

Indiana is one of only two states in the nation that showed a decrease of 50% or more from 1990-1999 in the number of high risk kids, improving from 12% to 6%.²

The Annie E. Casey Foundation tracks children across the United States who are the most vulnerable because their families face multiple problems. A high-risk child is one living in a family with four or more of the following risk factors:

- Child does not live with two parents
- Household head is high school dropout
- Family income is below poverty
- Child lives with underemployed parent(s)
- Family receives welfare benefits
- Child does not have health insurance

Top 5 States by Reduced # of Children at High Risk, '90-'99

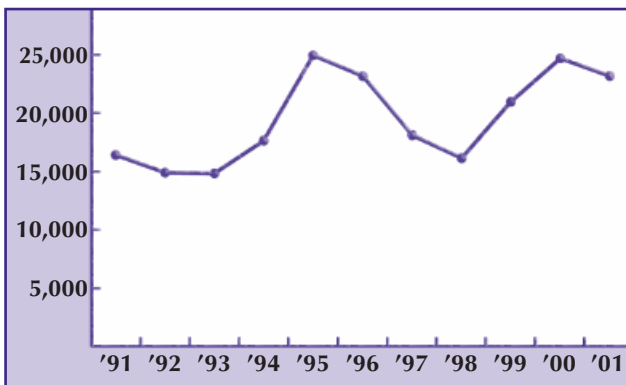
1. Tennessee (-55%)
2. **Indiana (-50%)**
3. Mississippi (-48%)
4. Colorado (-45%)
5. South Dakota (-44%)



Child Abuse and Neglect

In 2001, there were 23,170 substantiated cases of Hoosier children being abused or neglected - that's more than 1% of Indiana's children. There were 45 fatalities from abuse and neglect from July 2000 to July 2001. Substantiated cases of abuse and neglect fluctuated during the last decade - with a low of 14,838 in 1993 to a high of 24,943 in 1995. While there is no single cause for these fluctuations, several significant factors affected the data. These include an administrative change in how the numbers were reported, evolving definitions of abuse and neglect and under reporting of data in years 1998 and 1999.³

Substantiated Cases of Child Abuse and Neglect



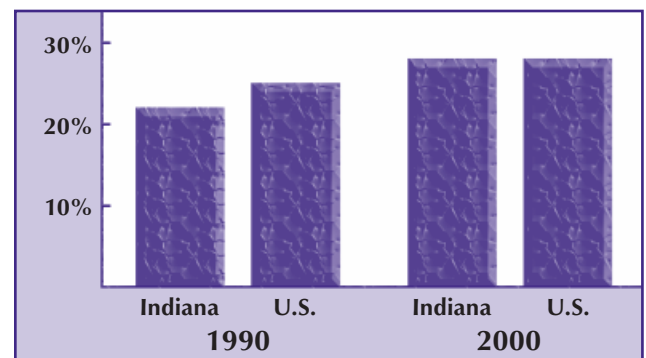
Single Parent Households and Divorce

Single parents with their own children head 28% of Hoosier homes, which matches the national rate.⁴ There are 33% more single parent households than in 1990, when 22% of Hoosier family households were headed by single parents - at that time below the national rate of 26%. Mothers head 78% of Indiana's single parent households and fathers 22%.

After a divorce, parents and children often deal with added stress, and children are more likely to have trouble in school.⁵

Nationally, the number of divorces grew from 17.4 million in 1994 to 19.9 million in 2000. Indiana is one of only three states that does not keep divorce statistics. However, the Court Services Administration does report all divorce filings. Since 1991, there has been a downward trend in divorce case filings in Indiana, counter to national trends.

Single Parent Households⁶





Day Care

A majority of Indiana's young children, a full three out of five, spend some or all of their day being cared for by someone other than a parent. In 2000, 62% of Indiana families with children under the age of six had both parents in the workforce - this number has been consistent for the last decade with only a small increase from 1990, when it was 61%.⁷

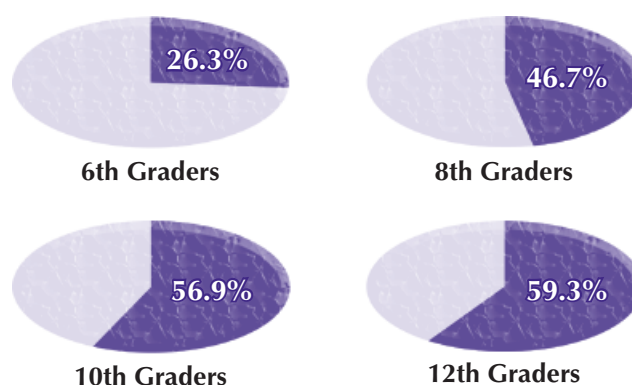
Fourteen thousand working Hoosier families are on waiting lists for financial assistance for child care. Indiana provides child care vouchers to about 50,000 low income working families. With the absence of child care financial supports, working families will have to use more expensive, less reliable or less monitored care.

Unsupervised Time

Many Hoosier youth work, volunteer and participate in activities after school. Almost two-thirds of high school seniors worked outside the home in 2001, while 13% did volunteer work.⁸

There is a benefit to youth involvement in after-school activities. Juvenile crime increases between the hours of 3:00 p.m. and 6:00 p.m.,⁹ before working parents return home. This is when more teens commit crime, are crime victims, are in car crashes, engage in sexual activity, smoke, drink or use drugs. There has been a downward trend in juvenile crime in the United States from 1995-1998, the most recent time period with complete data. Indiana has seen even better results than the rest of the nation in this area, with fewer arrests than the national average from 1995-1998 in both violent and property crimes.¹⁰

Children Who Spend Unsupervised Time at Home

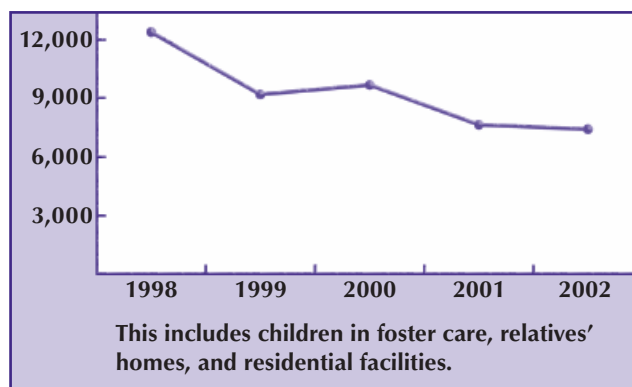


Permanency Planning and Adoption

In recent years, courts have ordered substantially fewer children to live away from home in foster care, relatives' homes, and residential facilities. This decrease reflects a focus on keeping children in their homes, as long as the home continues to offer a safe environment.

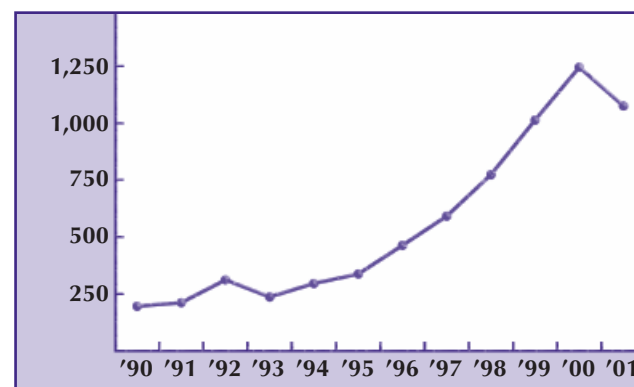
More Hoosier children are finding permanent homes. Through Indiana's Adoption Program, which finds children permanent families,¹¹ finalized adoptions have remained above 1,000 adoptions per year since 1999. Although 2001 was the first time in eight years that the number decreased, this may reflect stabilization in the system after a period of growth spurred by the implementation of the federal Adoption and Safe Families Act, which promotes permanency planning.

Children Living Away From Home



Many children in the state adoption system are considered special needs children - children who are more than two years of age, are a member of a sibling group, or have a mental, physical and/or emotional challenge - who can be more difficult to place. To accommodate the needs of these children, the Special Needs Adoption Program (SNAP) was implemented in 1989 to recruit adoptive families for this special population.

Finalized Adoptions in Indiana (includes SNAP)*



*Does not include private adoptions.

Risky Behavior

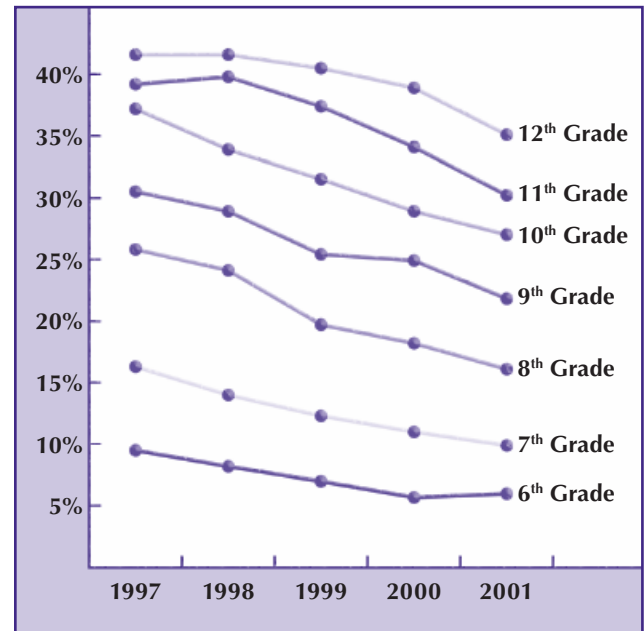
Smoking

Youth Smokers:

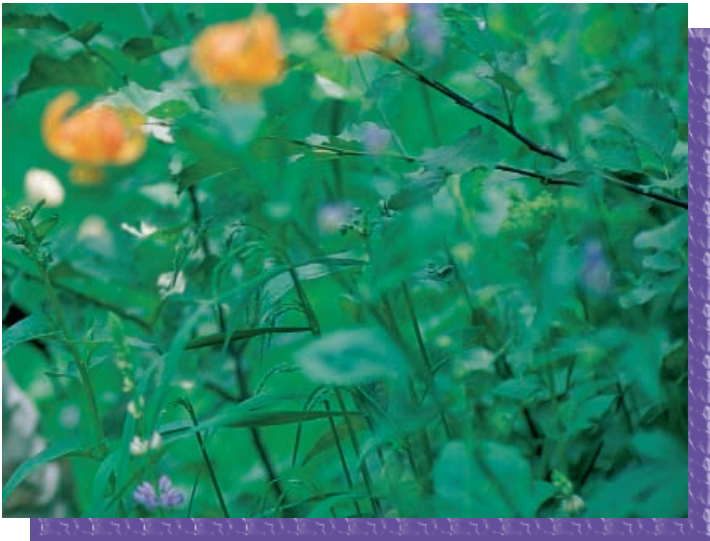
- Are more likely to become addicted to nicotine than their adult counterparts;
- Are eight times more likely to use marijuana, and 22 times more likely to use cocaine than nonsmokers;
- Suffer from poor overall health and a variety of short-term adverse health effects; and
- Are likely to use smoking to mask underlying mental health problems, such as depression.¹²

About 35% of Indiana's high school seniors smoked last year, according to a survey by the Indiana Prevention Resource Center at Indiana University. If this trend continues, 140,000 Indiana youths younger than 18 years of age will eventually die from a smoking-related illness. Smoking among Indiana's high school

Monthly Cigarette Use by Grade in Indiana



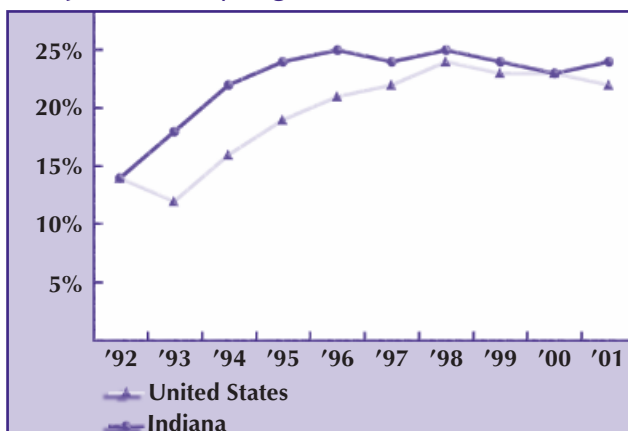
seniors is higher than the national rate (35% compared to 30% nationally); however, there has been a decline in the number of smokers from 1997–2001.



Illicit Drug Use

Since 1992, marijuana usage by Indiana's youth has been mostly above the national levels, and has risen significantly. The use of marijuana among high school seniors is one of the strongest predictors of future drug use. The risk of using cocaine has been estimated to be more than 100 times greater for those who have tried marijuana than for those who have not.¹³ In addition, Indiana youth who use marijuana are threatened by health concerns such as respiratory irritation, reduced sperm production, decreased estrogen production, and menstrual or ovulatory irregularities.¹⁴

Marijuana Use by High School Seniors

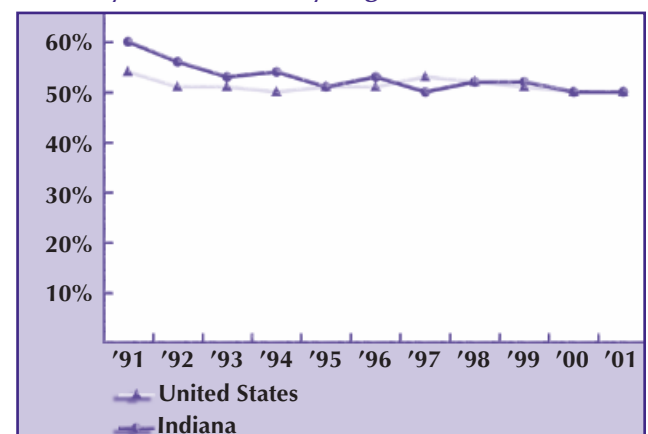


Alcohol Use

Choosing to drink alcohol can have serious negative consequences for Hoosier youth, including impaired ability to drive a car, making bad decisions that can lead to problems with friends and family, and impaired school performance. In addition, long-term health problems can include liver disease, heart disease, certain forms of cancer and pancreatitis.¹⁵

The percentage of Hoosier high school seniors who use alcohol has declined 16% during the last decade to 50%. This is a positive trend that brings Indiana more in line with the rest of the nation.¹⁶

Monthly Alcohol Use by High School Seniors¹⁷



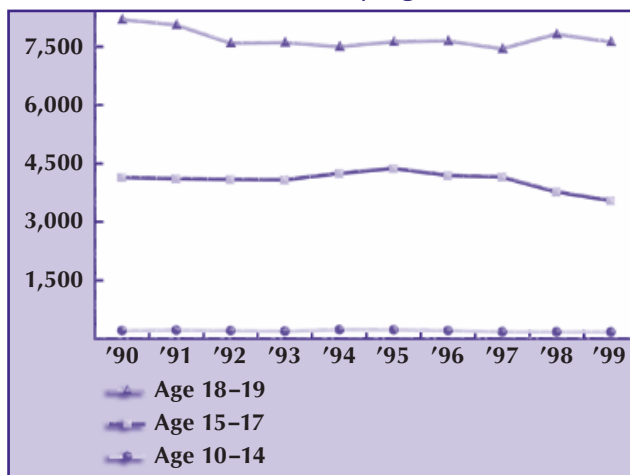
Teen Pregnancy

The number of kids having kids is decreasing, perhaps because of increased education and awareness campaigns about teen pregnancy. Indiana has seen reductions across all age groups from 1990 to 1999 (ages 10-14 down 19%, ages 15-17 down 14%, ages 18-19 down 7%). This is consistent with the national downward trend in the number of births to teen mothers (ages 10-14 down 22%, ages 15-17 down 15%, ages 18-19 down 5%).¹⁸

This is a positive trend for Indiana and for teen mothers, who face significant challenges. They are less likely to graduate from high school and more likely to live in poverty and rely on welfare. The children of teen mothers are more likely to have health and developmental problems, and more likely to be abused and/or neglected.¹⁹

Eighty-three percent (83%) of births to Indiana youth (under age 20) were to unmarried mothers, higher than the national average of 79%. Indiana's teen mothers are less likely to be married when they give birth today than they were in 1995, when the rate was 79%.²⁰

Number of Indiana Births by Age of Mother

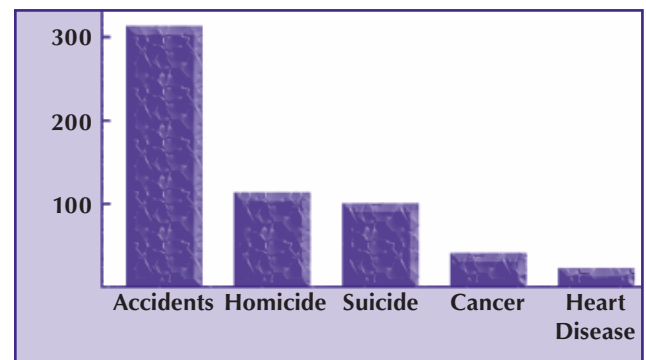


Suicide

Suicide is the third leading cause of death among youth ages 15-24 in Indiana, which mirrors the national rate.²¹ In 2000, a reported 100 young Hoosiers took their own lives (up from 93 suicides reported in 1999). Because of the stigma often associated with mental illness and suicide in youth, the numbers available may not reflect the actual threat of teen suicide. In fact, it is estimated that with every successful suicide, there are 50-100 attempts.²²

Researchers note that there is an association in youth populations between alcohol and drug use and thoughts of, planning and/or attempting suicide.²³ Most deaths by suicide result from sudden, uncontrolled impulses, to which drugs and alcohol can contribute.²⁴

Leading Causes of Death, Hoosiers Ages 15-24

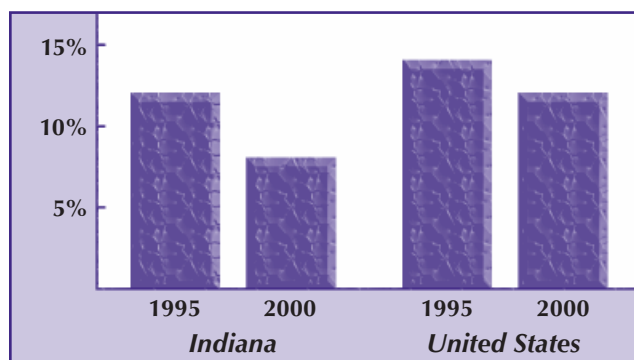


Health

Health Insurance

Access to health care is critical for healthy development and well-being. In 1997, Congress passed - and thereafter Indiana implemented - the Children's Health Insurance Program (CHIP) to provide health insurance to uninsured children. At that time, an estimated 14% of all children in the United States and 12% of Hoosier children were uninsured.²⁵

Uninsured Children

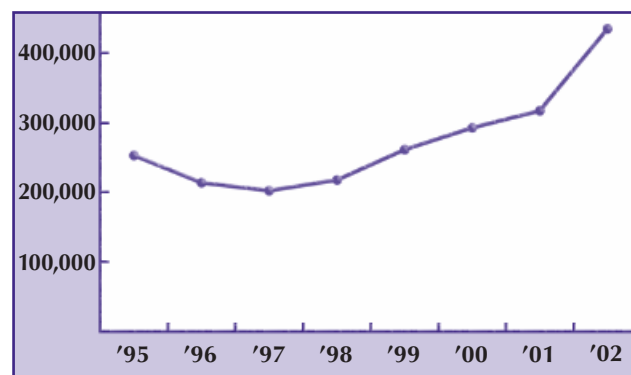


The Hoosier Healthwise program helps low-income pregnant women and children with the cost of routine checkups, doctor visits, hospital stays and specialty care, prescription drugs, mental health, vision and dental care, screenings, immunizations, diagnoses and treatments. As of February 2002, 435,000 children, or 28% of Hoosier children, were enrolled in Hoosier Healthwise, a dramatic



increase from previous years. As Indiana and other states have extended health insurance to children, the national average of uninsured children has decreased from 14% in 1995 to 12% in 2000. In 2000, 122,000 low-income Hoosier children, or 8% of the total population under 18 years of age, were uninsured - a decrease of 33% in five years.

Children Enrolled in Hoosier Healthwise

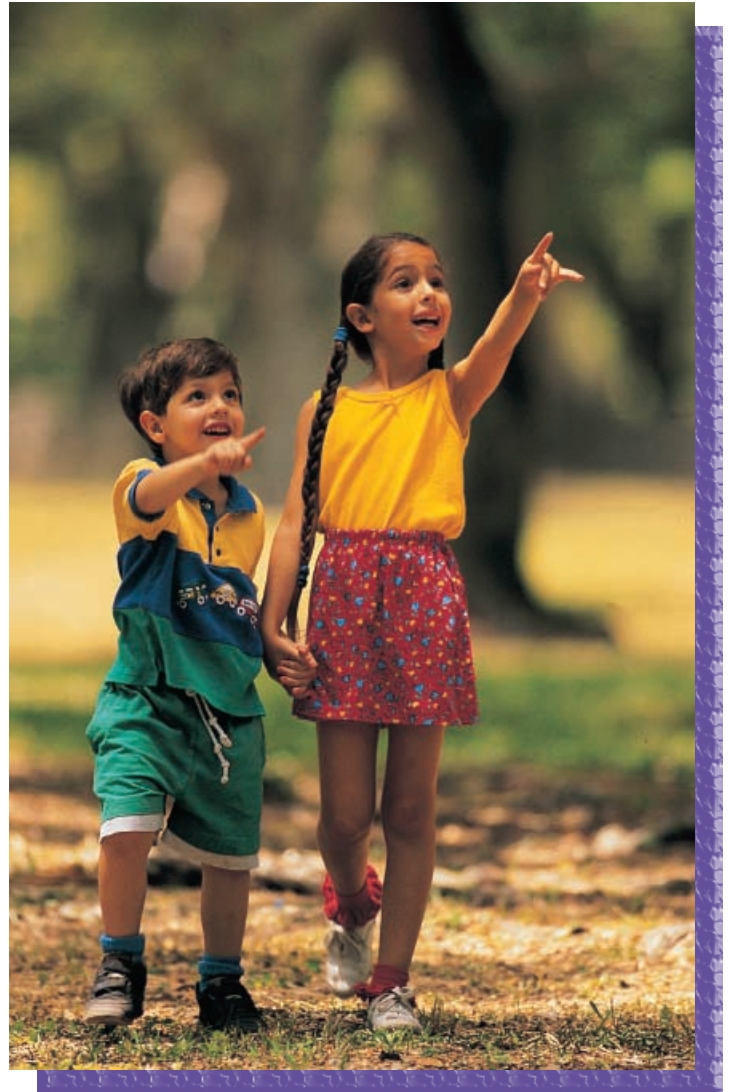
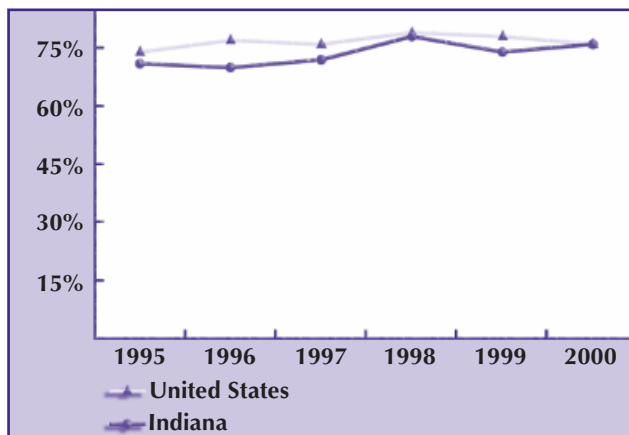


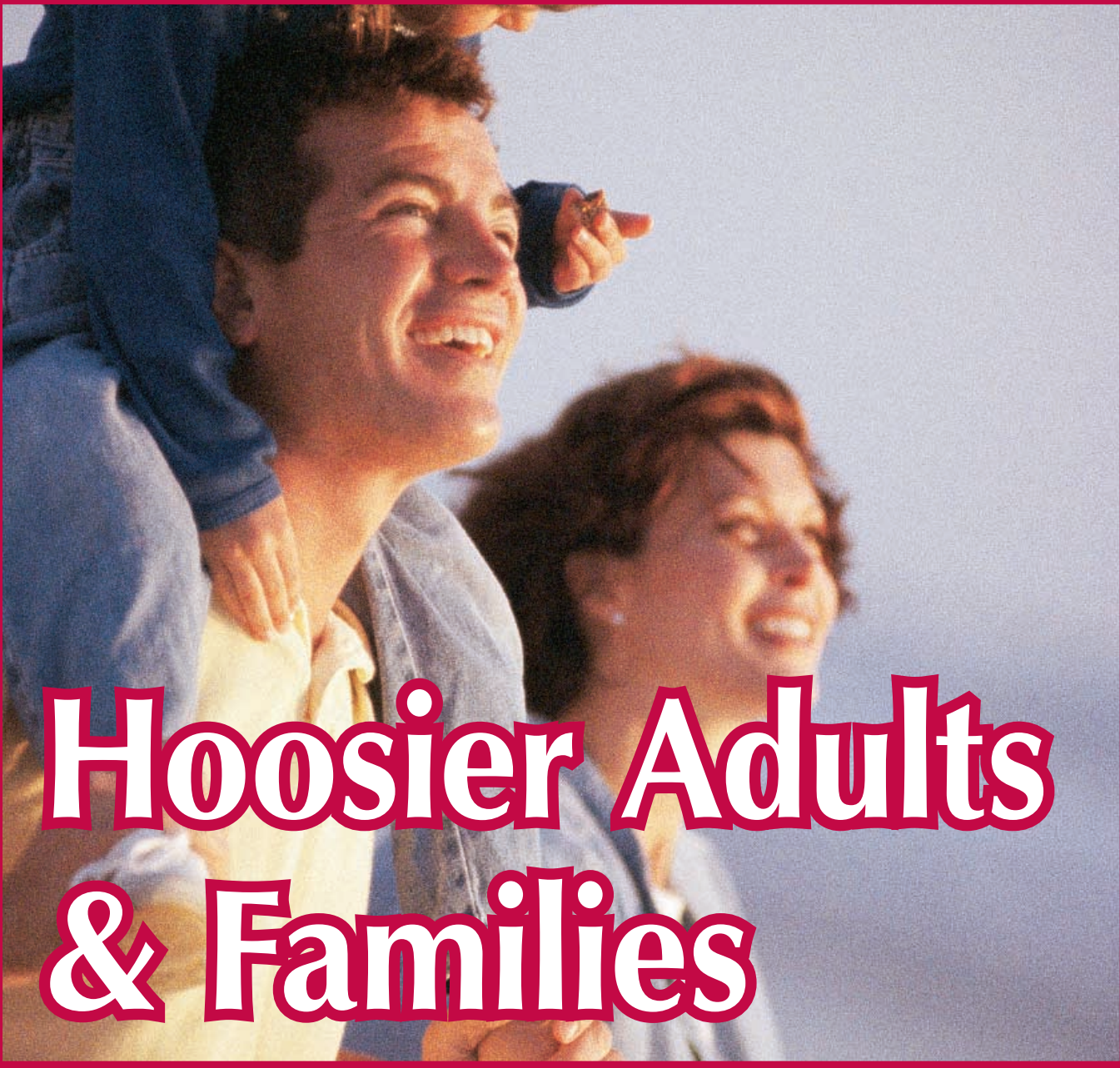
Children's Immunizations

In 1999, the Centers for Disease Control and Prevention listed its "Ten Great Public Health Achievements of the 20th Century." First on the list: immunizations. It's no secret that the wide-spread use of immunizations has been very successful in reducing and eliminating diseases.²⁶

The United States and Indiana both have attained a 76% vaccination rate for the 4:3:1:3 Immunization Series²⁷ (recommended for 2-year-old children) in 2000. The challenge of meeting the American Academy of Pediatrics' goal of 90% vaccination coverage still lies ahead.

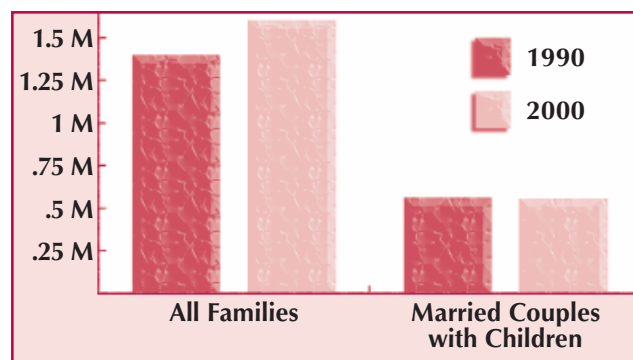
Children Receiving 4:3:1:3 Vaccinations





Hoosier Adults & Families

Indiana Families at a Glance



There are 1.6 million Indiana families, defined as groups of two or more people related by birth, marriage, or adoption and residing together.²⁸ This is up from 1.4 million in 1990.

Building Successful Households

Employment

Following national trends and reflecting fundamental changes taking place in the state's economy, employment in Indiana has shifted significantly between sectors. In the last ten years, the service sector replaced manufacturing as the largest employment sector with 26% of total employment, followed by trade at 24% and manufacturing at 22%.²⁹ Although jobs in the manufacturing sector are declining, Indiana is ranked first nationally for percentage of jobs in the manufacturing sector.³⁰

Since 1990, Indiana has consistently maintained lower annual unemployment rates than the nation. With the 2001-2002 recession, that gap closed. Indiana's unemployment rate for 2002 is fluctuating between 5.5-5.7%, which is holding steady to the national rate.



Income

In 1999, incomes in the United States reached an all time high that continued through 2000. However, Hoosier income lags behind the nation as a whole.³¹ Indiana lost ground in personal income during the last 35 years when compared to the rest of the nation.

According to a recent Indiana Fiscal Policy Institute study, Indiana was 17th in the nation in per capita income in 1965. By 2000, the state had fallen to 33rd, at \$26,838.



Housing

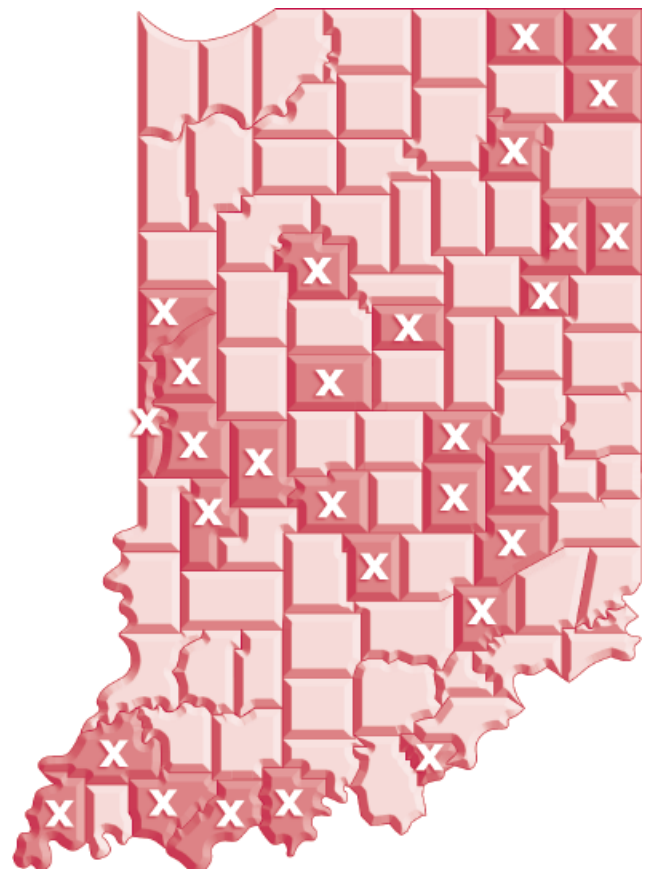
Indiana's home ownership rate of 71% is higher than the national average of 66%.³² This may be due to Indiana's affordable housing market. Several of the nation's top twenty cities for affordable housing during 2001 are located in Indiana, including Kokomo, Lafayette, Muncie and Indianapolis.³³

Affordable housing is an essential part of family and child well-being. Researchers at the University of Minnesota found that when parents must worry about housing, marriages and relationships are likely to suffer, which can result in negative situations for children. Parents faced with housing problems - or potential homelessness - may never reach their potential as employees or get services they may need for themselves and their children. In addition, inadequate housing often poses health risks for children, including asthma, lead poisoning, mold allergies, increased respiratory or other infections, or diseases carried by cockroaches or other pests.³⁴

Transportation

Limited transportation directly affects the opportunity families have to become self-sufficient. Lack of reliable and convenient transportation contributes to job loss and low job retention. Despite the existence of 44 public transit systems throughout the state that carried more than 31.5 million passengers in 2000, there are 29 counties without any public transit system. This leaves many Hoosiers isolated from jobs, vital services and health care.³⁵ More than 2 million Hoosiers, or 35% of the state's population, live in rural settings, which means they usually do not have access to public transportation.

Indiana Counties with No Public Transit System



Assistance

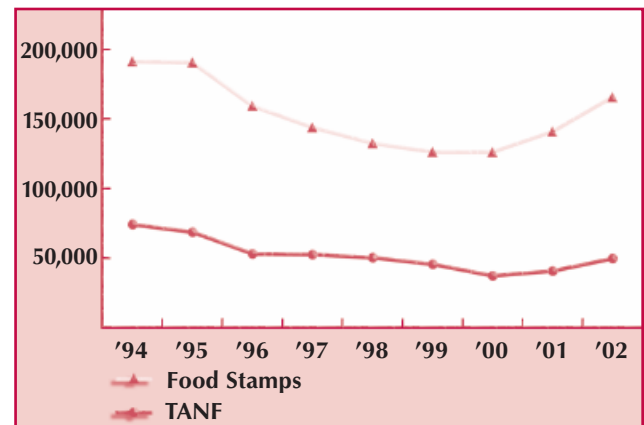
When a family's income plummets, they may qualify for government assistance. Cash assistance is available through the Temporary Assistance for Needy Families (TANF) program. Financial eligibility is determined by comparing family size and income. The number of people receiving TANF steadily declined from 1994 to 2000. However, because of changing economic times, the number is rising dramatically. In May 2000, 36,000 families received TANF. By May 2002, 53,000 families were receiving the benefit - a 47% increase.

Indiana implemented welfare reform in 1995 to increase client self-sufficiency and encourage greater responsibility. Reforms include a universal work requirement. Since 1995, Hoosier families that receive assistance are working more, earning more and holding their jobs longer. Fewer are returning to public assistance once they leave the system.

Another important form of assistance to Hoosier families is food stamps. In July 2001, 153,000 Hoosier households received food stamps. By July 2002, 176,000 households were receiving this type of assistance - a 15% increase.³⁶



Average Number of Families Receiving Food Stamps or Temporary Assistance for Needy Families (TANF)



Risky Behavior

Smoking

Since 1996, Indiana consistently ranked among the top ten states for highest percentage of smokers. As of 2000, Indiana had the 4th highest smoking rate in the United States, with one in four Hoosiers smoking regularly. Smoking kills 10,300 Hoosiers each year - one death every 51 minutes. Annual medical costs related to smoking in Indiana are \$2 billion and Medicaid spends \$250 million a year on tobacco-related illness.³⁷

With a rate of 27%, non-minorities in Indiana smoke more than minorities. Twenty-five percent (25%) of African-Americans and 23% of Hispanics smoke.³⁸

Where is Indiana when the States are Ranked by Smoking Prevalence?

1996 – #2 (29% smokers)
1997 – #9 (26% smokers)
1998 – #9 (26% smokers)
1999 – #8 (27% smokers)
2000 – #4 (27% smokers)

Smoking During Pregnancy

In 1999, 21% of pregnant women in Indiana reported smoking during pregnancy - making Indiana one of only 4 states with a rate greater than 20%.³⁹

The rate was even higher for pregnant teens - 30% for Hoosiers compared to 18% nationally. This practice increases the risk of miscarriage, low birth weight, inhibited child development, and Sudden Infant Death Syndrome (SIDS).

Top 5 States by % of Pregnant Women who Smoke - 1999

1. West Virginia (26%)
2. Kentucky (25%)
3. Wyoming (21%)
- 4. Indiana (21%)**
5. North Dakota (19%)

Low Birth Weight Babies

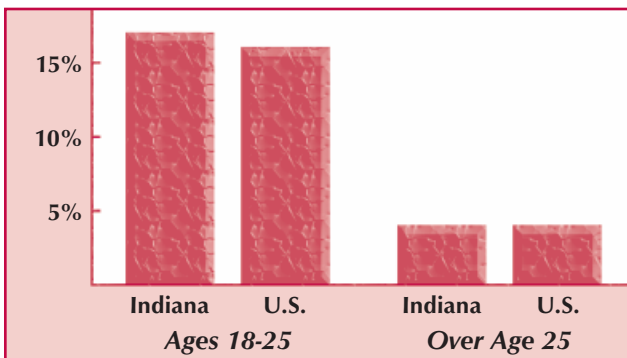
*Infants who weigh less than 5 lb. 8 oz. at birth are considered low birth weight, which puts them at a higher risk for health problems, developmental delays, attention and learning disorders and behavioral problems. Nationally, the percentage of babies born at low birth weight has increased steadily since the mid-1980s. **Smoking while pregnant is one of several causes of low birth weight.** In Indiana, the percentage of low birth weight babies has remained consistent with the national rate of about 8% through the late 1990s.*



Illicit Drug Use

In 2000, almost 13 million adult Americans and approximately 275,000 adult Hoosiers were current users of illicit drugs (which include marijuana/hashish, cocaine [including crack], inhalants, hallucinogens [PCP and LSD], heroin, or any prescription-type psychotherapeutic used non-medically). Marijuana is the most commonly used illicit drug in the United States and in Indiana. Indiana is slightly above the national averages for illicit drug use among those aged 18-25 and consistent with national rates for those aged 26 and over.⁴⁰

Illicit Drug Use

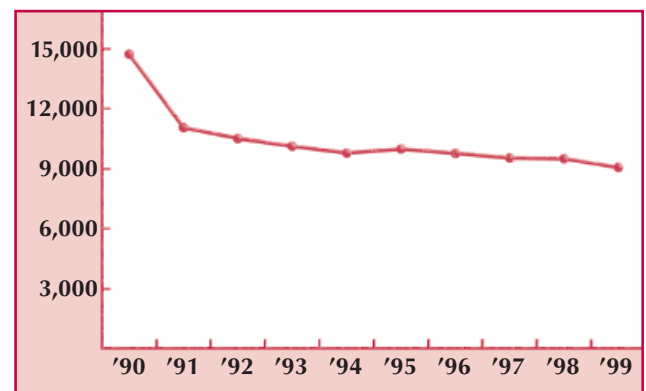


Alcohol Use

Alcohol, a legal substance for adults, can be used responsibly. However, irresponsible alcohol use threatens Hoosiers through its negative effects on health and social relationships, the risk of alcoholism, and impaired driving. It is estimated that, in an average month, 44% of adult Hoosiers drink alcohol, just under the national rate of 46%.⁴¹

One of the most serious consequences of alcohol consumption is alcohol-related vehicle crashes. While nearly one out of four traffic deaths are alcohol-related, Indiana has made significant progress in reducing the number of alcohol-related crashes - a 39% decline in ten years.⁴² Possible reasons for the decline include state-wide awareness campaigns and the 2001 decrease in the legal blood-alcohol content when driving a vehicle, down from .10% to .08%.

Alcohol-Related Automobile Accidents in Indiana





Physical Activity

Hoosiers do not get enough physical activity. Seventy-eight percent (78%) of Indiana citizens are not getting the recommended amount of physical activity and 25% of Hoosiers are not active at all. These numbers are consistent with the nation as a whole.⁴³

According to a Surgeon General's report,⁴⁴ regular physical activity has many benefits. For example, it reduces the risk of dying from heart disease, the risk of developing high blood pressure, feelings of depression and anxiety, and the likelihood of obesity.

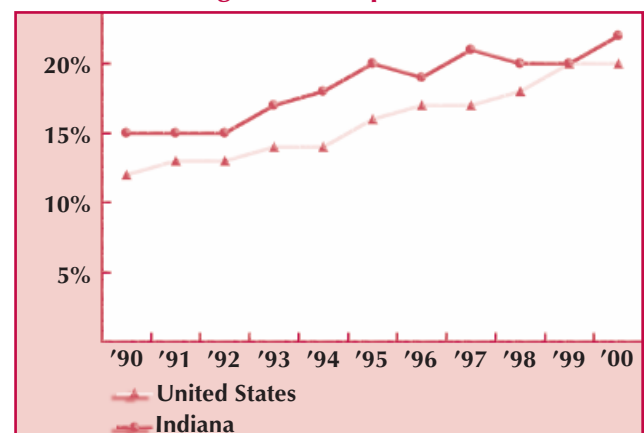
"The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity" report contains important information about weight issues. The report can be viewed on-line at:
<http://www.surgeongeneral.gov/topics/obesity>.

Obesity

For the past few years, Indiana has been ranked as one of most overweight states in America. The Centers for Disease Control and Prevention found that, in the year 2000, 21% of Hoosiers were considered obese while more than half of our adults were considered overweight. U.S. Health and Human Services Secretary Tommy Thompson stated that "overweight and obesity are among the most pressing new health challenges we face today."⁴⁵

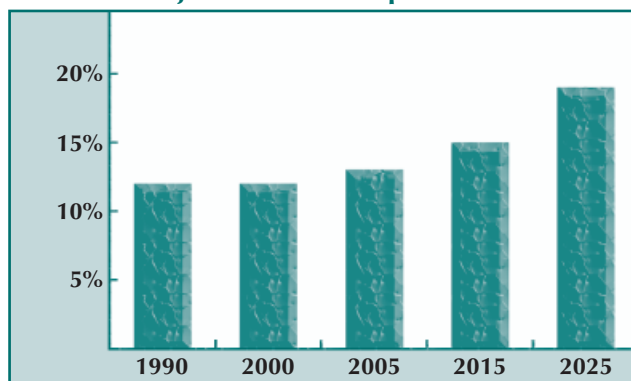
Second only to smoking, obesity has become the next leading preventable cause of death in the United States. Three hundred thousand Americans die each year from obesity-related illnesses, including cardiovascular disease, high blood pressure, type 2 diabetes, osteoarthritis, gall bladder disease, sleep apnea, some psycho-social disorders, and some forms of cancer.⁴⁶

Obese Percentage of the Population



Hoosier Seniors

Indiana's Projected Senior Population



As Indiana's population ages, the over-65 population is expected to grow dramatically, from 12% in 1990 to 19% of the total Hoosier population by 2025.⁴⁷

According to 2000 census reports, 750,000 people older than 65 years of age live in Indiana, or one in every eight Hoosiers. More than 90,000 Hoosiers are older than 85.

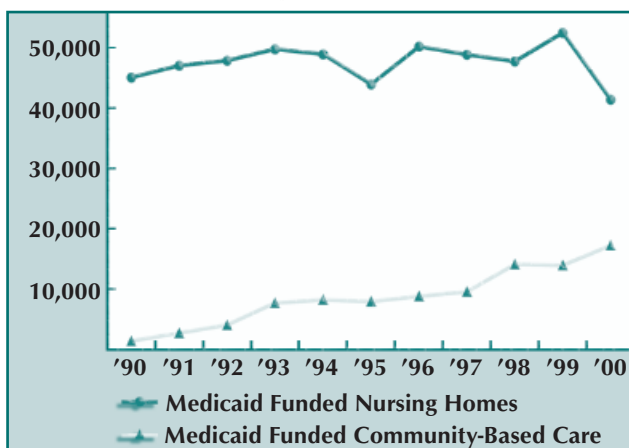
Building Successful Households

Where Seniors Live and Receive Care

Over the last several years, long-term care in Indiana has changed as many seniors have chosen home- and community-based care options instead of institutional care. Their choice to receive care and live in the least restrictive settings possible has challenged Indiana to make these options available and affordable for more seniors.

Indiana faces challenges as we move to more community-based care. Indiana has 35% more of our seniors in nursing homes than the national average. Indiana also has a high number of nursing home beds and a high number of empty beds - about one in four nursing home beds in Indiana is vacant. The average national vacancy rate is 10%.⁴⁸

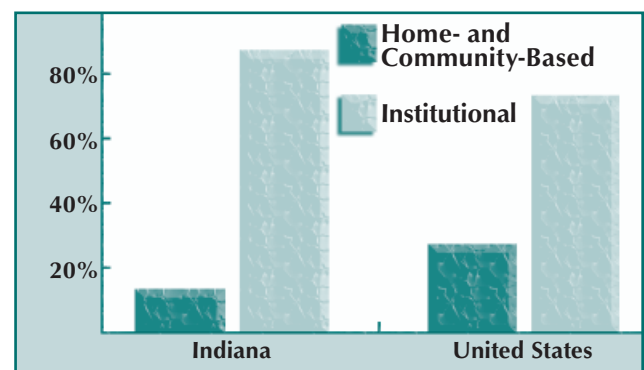
People in Nursing Homes or Using Community-Based Care Funded by Medicaid



Hoosier Seniors and Disability

As people age, they may have difficulty with daily activities. Over a third reported having at least one severe disability. One in seven has had difficulty carrying out activities of daily living (including bathing, dressing, eating, shopping, and getting around the house⁴⁹). The 1990 census estimates that 20% of Hoosier seniors, or about 130,000 people, have some type of disability.⁵⁰

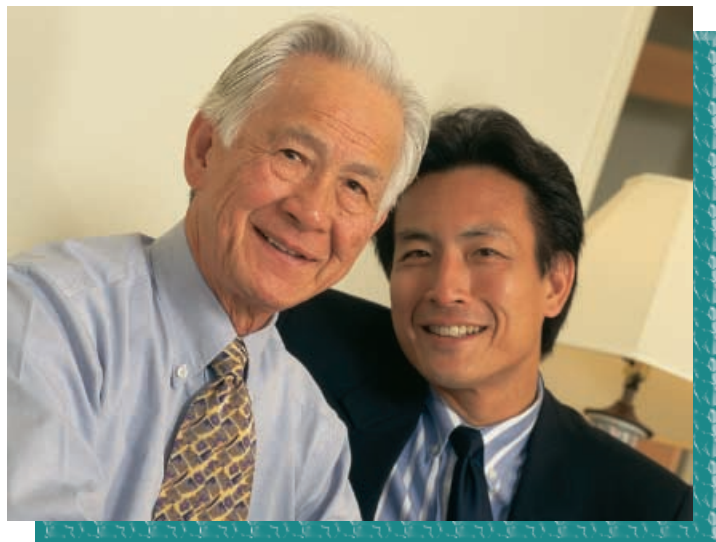
Tax Dollars Spent on Home- and Community-Based vs. Institutional Long-Term Care⁵¹



Access to Prescription Drugs

Today's Hoosier seniors live longer, healthier lives. Death rates from heart disease, cancer and stroke are decreasing. New medical technologies and drug treatments prolong longevity and enhance capabilities, which benefit both state and federal health programs through reduced hospitalization rates and savings from reduced nursing home admissions.⁵¹

These new drug therapies are expensive, however. The average cost per prescription for the elderly has increased 48% since 1990 and it is projected that by the year 2010, the average cost per prescription will have increased 72% from the 2000 number (percents are inflation-adjusted). This issue is particularly relevant for Hoosier seniors who rely on Medicare, which does not cover prescription drugs. With many seniors living on fixed incomes, some simply cannot afford the high cost of their prescription drugs, particularly if they have multiple conditions that require numerous medications.



Cost of Long-Term Care

Paying for long-term care is a serious financial challenge. Most seniors underestimate the costs of home health care or nursing home care. The average national cost of nursing home care in 2001 was \$42,340 per year, while home health care cost recipients an average of \$15,000 per year.⁵²

As people become more aware of the costs of long-term care, more are turning to private long-term care insurance. The rates vary, but the earlier the policy is purchased the cheaper the premiums are, and the greater the benefits paid.

How are Long-term Care Insurance Benefits Affected by the Age of the Policy Purchaser?⁵³

Purchaser Age	Annual Premium	Benefits Available at 85
45	\$804	\$1,182,014
55	\$1,114	\$725,654
65	\$2,947	\$445,489
75	\$4,660	\$273,491



Grandparents Raising Grandchildren

Many reasons can cause grandparents to assist with or to take over raising their grandchildren - death of parents, job loss, divorce, substance abuse, mental health, teenage pregnancy and family violence all may contribute. With renewed parenting responsibility, grandparents may experience new financial, physical and emotional strains.⁵⁴ In addition, many grandparents acting as parents confront legal issues of guardianship and custodial rights. In Indiana, grandparents acting as parents have rights to participate in parent-teacher conferences at school and to sign medical waivers.

Here in Indiana, the U.S. Census Bureau estimates that 5% of children under 18 years of age, about 81,000, live in grandparent-headed households. This is just under the national average of 6%, and represents a 22% increase since 1990.

Grandparents raising grandchildren can need extra help. The AARP's website for grandparents is a helpful resource and can be found at:

www.aarp.org/grandparents/

Transportation

Older adults rely on automobiles for transportation, but driving skills often decline with age. From age 35 to 65 reaction times decrease an average of 40%.⁵⁵ This loss of reaction time combines with decreased mobility and deteriorating vision to keep many Hoosier seniors from driving. In Indiana, fewer than 75% of residents 65 and older have driver's licenses, leaving more than 200,000 Hoosier seniors without transportation of their own.⁵⁶ (It's important to note that even if a senior does have a license, it does not guarantee they have access to a car.)

These seniors require public or alternative transportation options to get around their communities and to stay active. Without a comprehensive transportation system or family support, seniors can become socially isolated, making necessary errands such as doctor's appointments, pharmacy trips and grocery shopping nearly impossible tasks. The challenge of accommodating the transportation needs of Hoosier seniors will only increase as this sector of Indiana's population grows.

A photograph of a man and a young child fishing together on a sandy beach. The man, wearing a blue long-sleeved shirt and a grey bucket hat, is holding a fishing rod. The child, wearing a denim jacket, is holding a red and white cooler. The background shows a calm body of water and a cloudy sky.

Hoosiers with Developmental Disabilities, Mental Illness & Addictions

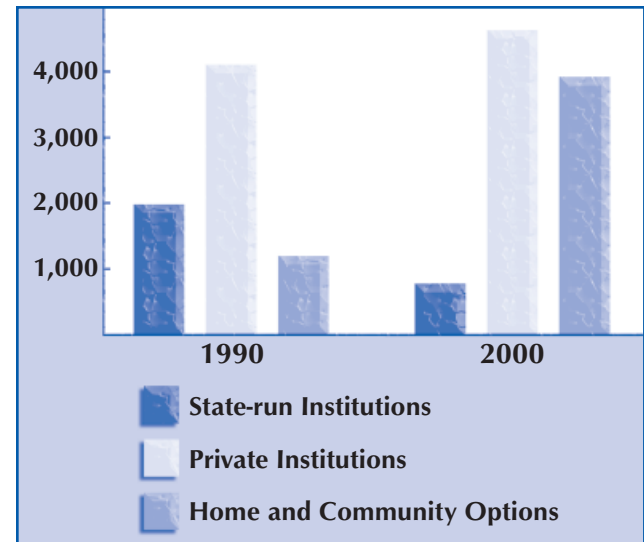
Building Successful Households

Changes in How People with Developmental Disabilities Live

In the past, state-run institutions served as the primary source of services provided to people with developmental disabilities. In 1967, 195,000 people lived in these large institutions across the country. We now understand that people with developmental disabilities are better served when they live at home or in their communities whenever possible. Providing services in the community has led to dramatically fewer people being served in institutions, now fewer than 50,000 people nationally.

In Indiana, increased home and community options have led to many people successfully exiting institutionalization during the last decade: from nearly 2,000 people being served in state-run institutions in 1990 to fewer than 800 in the year 2000 (a 60% reduction); and from 1,200 people served in home- and community-based options in 1990 to 3,900 in the year 2000 (a 225% increase). For every state bed closed during the past decade, nearly three home- and community- based options have developed - providing people with disabilities and their families more choice and control.

Where People with Developmental Disabilities Live with State Support



What is a Developmental Disability?

A developmental disability is a mental and/or physical impairment (other than a sole diagnosis of mental illness) that begins before the age of 22 and is expected to continue indefinitely. Examples include mental retardation, cerebral palsy, autism, and epilepsy. More than 180,000 people with developmental disabilities live in Indiana - about 3% of the state's population.⁵⁷

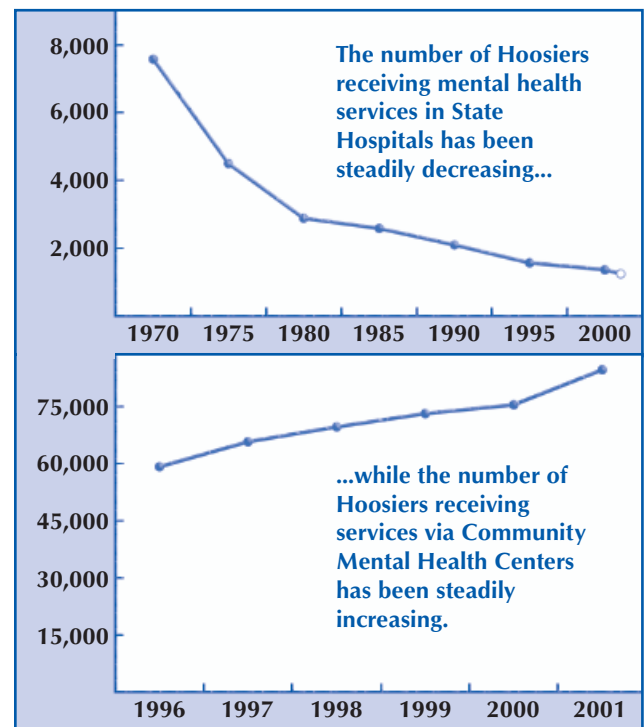
Changes in How People with Mental Illness Live

States historically have provided mental health services to the poor through large state hospitals. In 1970, Indiana's state psychiatric hospitals had nearly 8,000 residents. Since then, services in the community have grown, treatment methods and medications have improved, care has become more humane and more people are able to stay at home or in their home communities. The addition of 30 new community mental health centers has helped to increase services to tens of thousands of Hoosiers in their homes and communities, and to reduce the number of people requiring services in state hospitals to 1,200.

In Indiana, an estimated 270,000 adults suffer from mental illnesses, or 6% of the adult population. Among children ages 9 to 17, an estimated 80,000 (10%) suffer serious emotional disorders.⁵⁸ Many Americans and Hoosiers live with their mental illness without treatment. Those who do obtain services usually get them from the health sector, or from social service agencies, schools, religious, or self-help groups.



Hoosiers Receiving Mental Health Services from State Hospitals versus Community Mental Health Centers



Life Expectancy and Health

On the whole, the life expectancy of people with developmental disabilities has improved dramatically. For instance, in the early 20th century, an individual born with Down Syndrome was expected to live to be nine years old. As of 1996, the life expectancy of someone with Down Syndrome was 60-64 years. Similar changes have been noted regarding life expectancies of individuals with other forms of developmental disabilities (20 years in 1920 compared to 70-74 years in 1996).

Several organizations across Indiana work with people with developmental disabilities to encourage civic and community participation. The Indiana Governor's Planning Council for People with Disabilities offers many programs. You can find more information at www.IN.gov/gpcpd/.



According to a recent study, people with chronic mental illness are likely to have poorer health than that of the general population.⁵⁹ People with mental illness tend to smoke at higher rates, are less likely to exercise and are more likely to have diets high in fat and lower in fiber. Some psychotropic medications may adversely affect physical health, such as through weight gain. Finally, there is evidence that people with mental illness have an increased risk of premature death. Much of this mortality relates to death from ‘unnatural causes,’ such as suicide.⁶⁰

Changes in the Treatment

The Surgeon General's report notes that "a wide variety of effective, community-based services, carefully refined through years of research, exist for even the most severe mental illnesses yet are not being translated into community settings." Six scientifically based treatments have been shown to be effective for persons with the most debilitating mental illnesses. Indiana is working to provide services in all six areas:

- **Medication Management:** This is a system of using medication to assist with managing mental illness.
- **Supported Employment:** A supported employment program places people in the kinds of competitive employment situations that they want and are able to manage. Supported employment services in Indiana have increased over time (see the chart on page 31).
- **Assertive Community Treatment (ACT):** ACT is a team-based case management program where all of the services needed to support a person in the community are provided through a small team whose members have a shared caseload.
- **Education of Family Members:** The "Family to Family" program, provided by the National Alliance for Mental Illness (NAMI) of Indiana, works to bring hope and expertise to hundreds of families across the state.
- **Illness Self Management:** Many persons with serious mental illness can recognize their own symptoms and manage their own illness. Indiana's public mental health system works with people with mental illness to develop and maintain self-management programs.
- **Integrated Services for Persons with Dual Diagnoses (Mental Illness and Addiction):** Seven states, including Indiana, are participating in a national study to develop comprehensive treatment plans which address both conditions. As part of that study, Indiana is piloting five new programs with integrated services for persons with dual diagnoses.

Work

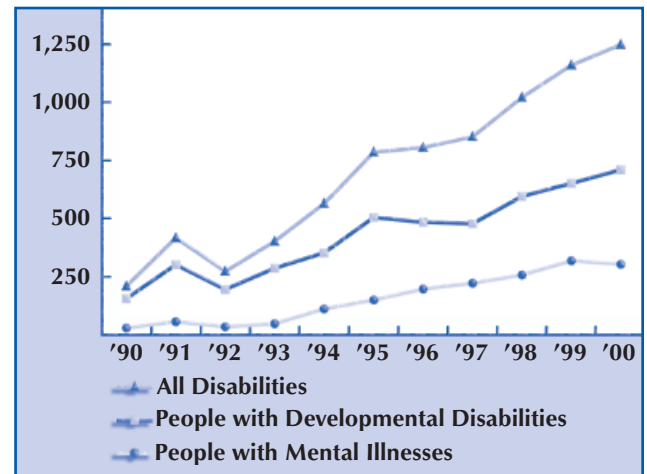
People with disabilities are employed at rates much lower than the general population: 32% versus 81% - a 49 percentage point gap.⁶¹

People with developmental disabilities once worked in sheltered workshops or not at all. Passage of the Rehabilitation Act amendments included “supported employment,” a program that assists and supports people with disabilities to find and maintain jobs in the competitive market.

People with severe mental illnesses face a variety of challenges when it comes to employment, which explains the very high level of unemployment among this group, sometimes as high as 85%.⁶²

If the onset of severe mental illnesses begins when the individual is still in school, gaps in their education may later lead to difficulty in obtaining meaningful employment. The onset or manifestation of mental illnesses while employed also may cause a spotty employment history. In addition, those with severe mental illnesses who are employed run the risk of relapse that might cause problems with endur-

Hoosiers Working in Supported Employment



ance, ability to maintain focus on a task, ability to perform a task in a timely manner or other side effects because of medications. These issues cause many people who suffer from mental illness to fear disclosure because of the stigma commonly associated with mental illness.

Many people with severe mental illnesses and/or developmental disabilities benefit from the use of a supported employment program - a system that places people in competitive employment with the resources they need to succeed. The use of supported employment programs in Indiana has increased over time.



Transportation

The Indiana Independent Living Survey, conducted by Indiana University in 1999, reported that among people with all disabilities who use public transportation, 72% indicated they had difficulty getting to places because of problems with public transportation. These problems included lack of access to reliable transportation and drivers not trained to understand the needs of travelers with disabilities.

Mental Disorders

In 1999, the U.S. Surgeon General reported that “mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer.”⁶³ Mental disorders, such as schizophrenia, depression, Alzheimer’s disease, and a range of other concerns, affect tens of thousands of Americans in any year, but they continue to be downplayed and viewed with shame, the Surgeon General reports. Fortunately, the last decade has brought better treatments and programs for those with mental illness.

Alcohol and Drug Addictions

Substance abuse disorders affect a wide range of individuals from all walks of life. The use of illegal drugs and the abuse of alcohol, tobacco and prescription drugs are major threats to the health and well-being of Hoosiers. Each year, drug and alcohol abuse contribute to the deaths of more than 132,000 Americans and cost taxpayers more than \$250 billion in preventable health care costs, extra law enforcement, auto crashes, crime and lost productivity.⁶⁴ Drug use also incurs additional costs (\$21,600 per year for an adult and \$55,000 per year for a juvenile⁶⁵) by driving up the population of Indiana's correctional system. Two-thirds of convicted jail inmates were actively involved with drugs prior to their admission to jail.⁶⁶

Indiana is home to an estimated 400,000 adults with chronic addiction (an addiction to alcohol and/or drugs), about 9% of the adult population. Sixteen percent (16%) of Hoosiers between the ages of 18-25 have some illicit drug use (consistent with the national rate of 17%) and 4% of the population age 26 and older use illicit drugs (the same as the national number).⁶⁷

Some people continue to view abuse and addiction disorders as flaws of individual character. These perceptions are some of



the challenges that people with addictions may encounter in accessing services. Given improved technology and research, addiction treatment is improving lives for people and their communities.

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